

OSCAR REPORT 3  
HISTORY FACILITY PROFILE

PAGE: 1

ROCKY MOUNTAIN CARE - HEBER  
160 WEST 500 NORTH  
HEBER CITY UT 84032  
STATE'S REGION CODE: 001

PROVIDER #: 465147  
PHONE NUMBER: (435) 654-5500  
PARTICIPATION DATE: 01/08/1998 CERTIFIED: 46

FACILITY BEDS  
TOTAL: 46  
TYPE ACTION: RECERTIFICATION  
TYPE OWNERSHIP: NONPROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 04/21/2005	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 46
-----	-----	-----
TOTAL: 23	ADMISSION SUSPENDED: 18	18/19 19 ICF/MR
MEDICARE: 2	SUSPENSION RESCINDED: --	-- ---- --
MEDICAID: 15		46
OTHER: 6		

CURRENT SURVEY REVISIT DATES - 07/19/2005

PRIOR 3 SURVEY 03/2002	S/S CODE	PRIOR 2 SURVEY 01/2003	S/S CODE	PRIOR 1 SURVEY 03/2004	S/S CODE	CURRENT SURVEY 04/21/2005	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
				X	E	X C	D	06/18/2005	REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ
						X P	E	06/18/2005	REQ F0241-DIGNITY
						X C	E	06/18/2005	REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
		X	E						REQ F0256-ADEQUATE & COMFORTABLE LIGHTING LEVELS
				X	E				REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
				X	E				REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
		X	D	X	D				REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
						X C	D	06/18/2005	REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
				X	D	X C	D	06/18/2005	REQ F0324-SUPERVISION/DEVICES TO PREVENT ACCIDENTS
				X	E	X C	D	06/18/2005	REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
									REQ F0332-MEDICATION ERROR RATES OF 5% OR MORE
									REQ F0333-RESIDENTS FREE FROM SIGNIFICANT MED ERRORS
									REQ F0368-FREQUENCY OF MEALS/INTERVALS BETWEEN MEALS
X	E								REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
		X	E						REQ F0494-NURSE AIDE TRAINING/COMPETENCY
X	E	X	D						REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF

EDITION OF LSC APPLIED

PRIOR 3 SURVEY 03/2002	PRIOR 2 SURVEY 01/2003	PRIOR 1 SURVEY 03/2004	CURRENT SURVEY 04/19/2005	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
	X				K0012-CONSTRUCTION TYPE
	X				K0017-CORRIDOR WALLS
	X				K0018-CORRIDOR DOORS
	X	X			K0038-EXIT ACCESS
	X				K0046-EMERGENCY LIGHTING
	X				K0047-EXIT SIGNS
X					K0050-FIRE DRILLS
			X C	06/17/2005	K0051-FIRE ALARM SYSTEM
			X P	05/16/2005	K0052-TESTING OF FIRE ALARM
X	X	X	X F	05/16/2005	K0056-AUTOMATIC SPRINKLER SYSTEM
	X				K0062-SPRINKLER SYSTEM MAINTENANCE
	X				K0072-FURNISHING AND DECORATIONS
	X				K0073-FLAMMABLE FURNISHINGS
	X				K0075-WASTEBASKETS
	X	X	X F	05/16/2005	K0104-PENETRATIONS OF SMOKE BARRIERS
	X				K0130-OTHER

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT  
COP = CONDITION REQ = REQUIREMENT

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
-----	-----	-----	-----	-----
CONDITION	0	0	0	0
REQUIREMENT	6	6	4	2
HEALTH TOTAL	6	6	4	2
LIFE SAFETY CODE	4	3	13	2
LIFE SAFETY CODE + HEALTH	10	9	17	4

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
-----	-----
04/16/2001	UNSUBSTANTIATED
04/30/2002	UNSUBSTANTIATED
04/24/2003	UNSUBSTANTIATED
10/20/2004	SUBSTANTIATED

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY